

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Reed, Chuck Agency Name City of San Jose, Mayor's Office Agency Street Address 200 E. Santa Clara Street, 18th Floor, San Jose, CA 95113 Designated Contact Person (Name and title, if different) Richard Hong, Agenda Services Manager Area Code/Phone Number 408-535-4800 E-mail (Optional) mayoremail@sanjoseca.gov		RECEIVED San Jose City Clerk Date Stamp 2013 JUL 25 AM 8:59	California Form 803 For Official Use Only
<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: 01/09/2012 (month, day, year)			

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Maxim
 Name
 160 Rio Robles San Jose CA 95134
 Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Destination: Home
 Name
 3180 Newberry Drive, Suite 200 San Jose CA 95118
 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9/12/2012 Amount of Payment: (In-Kind FMV) \$ 5,000.00
 (month, day, year) (Round to whole dollars.)

Payment Type: ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment:

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable
 Describe the legislative, governmental, charitable purpose, or event: Breakfast fundraiser for Destination: Home and Housing 1000 to support homeless issues.

5. Amendment Description or Comments

San Jose DFR 1 filed 1/10/13

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 7/24/13 By Charles Reed
 DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER